


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90313 017 \*\*\*150.00

**DOCUMENT # P99000086260**  
 1. Entity Name  
**KIMCO REGENCY PLAZA 207, INC.**



Principal Place of Business      Mailing Address  
**3333 NEW HYDE PARK RD.**      **3333 NEW HYDE PARK RD.**  
**SUITE 100**      **NEW HYDE PARK NY 11042-0020**  
**NEW HYDE PARK NY 11042-0020**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILTON <input checked="" type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEL, MARTIN S <input type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, MICHAEL J <input type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YARMAK, JOEL I <input type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPPAGALLO, MICHAEL <input type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, GLENN <input type="checkbox"/> Delete 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> michael schindler same address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       4-22-04      516-869-9100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #